

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled EMBOLIZATION, the specification of which:

- ☒ is attached hereto.
☐ was filed on _____ as Application Serial No. _____ and was amended on _____.
☐ was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article 19 on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

John J. Gagel, Reg. No. 33,499
Tu N. Nguyen, Reg. No. 42,934

Robert C. Nabinger, Reg. No. 33,431
Sean P. Daley, Reg. No. 40,978

Direct all telephone calls to SEAN P. DALEY at telephone number (617) 542-5070.

Direct all correspondence to the following:

26161
PTO Customer Number

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor: MARCIA BUISER

Inventor's Signature: _____

Residence Address: _____

Citizenship: _____

Post Office Address: _____

Marcia Buiser
Watertown, Massachusetts
United States of America
480 Belmont Street
Watertown, Massachusetts 02472

Date: _____

4/15/04

Combined Declaration and Power of Attorney

Page 2 of 2 Pages

Full Name of Inventor: PAUL DICARLO

Inventor's Signature:



Date:

4/15/04

Residence Address:

Middleboro, Massachusetts

Citizenship:

United States of America

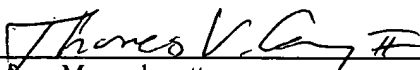
Post Office Address:

10 Starrett Avenue

Middleboro, Massachusetts 02346

Full Name of Inventor: THOMAS V. CASEY II

Inventor's Signature:



Date:

4/15/04

Residence Address:

Grafton, Massachusetts

Citizenship:

United States of America

Post Office Address:

67 Sunrise Avenue

Grafton, Massachusetts 01519

Full Name of Inventor: ERIN MCKENNA

Inventor's Signature:



Date:

4/15/04

Residence Address:

Boston, Massachusetts

Citizenship:

United States of America

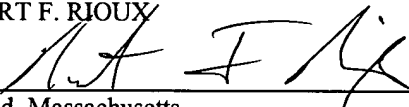
Post Office Address:

39 Bay State Road, Apt. 4F

Boston, Massachusetts 02215

Full Name of Inventor: ROBERT F. RIOUX

Inventor's Signature:



Date:

15 APR 04

Residence Address:

Ashland, Massachusetts

Citizenship:

United States of America

Post Office Address:

20 Woodridge Lane

Ashland, Massachusetts 01721